



**Sub-agent
Reporting Form**

This is the form to be used by Sub-agents under the Deposit Agent Rules. It can be used for either an initial filing or an annual filing.

In this form:

"Deposit Agent" is someone who receives or solicits funds from investors and transmits those funds to a Financial Institution for investment in guaranteed investment certificates issued by the Financial Institution.

"Sub-agent" is someone who acts as a Deposit Agent, but deals through another Deposit Agent instead of dealing directly with financial institutions.

I confirm that I act as a Sub-agent in Saskatchewan.

Sub-Agents Surname: _____

Sub-agent's First and Second Names: _____

Other business names Sub-agent operates under: _____

Main business address: _____

Mailing address: _____

Postal code: _____

Phone #: _____ Fax #: _____

Name of contact person: _____

Branch offices

Do you have a branch office? yes no If yes, please give the information requested below.
[If more than one branch office, list information on another sheet.]

Business address: _____

Mailing address: _____

Postal code: _____

Phone #: _____ Fax #: _____

Name of contact person: _____

Other licenses

What other licenses do you hold?

Insurance yes no

Mutual fund yes no

Real estate [] yes [] no

Other (please specify) _____

Deposit Agents

State the name and address of the Deposit Agent you act for:

Name of Deposit Agent: _____

Address: _____

Postal code: _____

Additional:

Attach a list with the names of all clerical or support staff who assist you in processing GIC's.

Under the Deposit Agent Rules you cannot act as a Sub-agent for any Deposit Agent other than the one named above. The Rules also prohibit you from dealing directly with a financial institution.

Dated at _____, this _____ day of _____, 20 ____

(Name of Sub-agent)

By_____
(Signature of Sub-agent or officer of Sub-agent)

(Official capacity)

(Name of Deposit Agent)

By_____

(Signature of Deposit Agent or officer)

(Official capacity)

AFFIDAVIT

Province of Saskatchewan) I, _____
) (name in full)
) of the _____
)
) in the _____ of _____

MAKE OATH AND SAY:

- 1. I am the Sub-agent (or an officer of the Sub-agent) herein and I signed the Reporting Form.
- 2. The statements of fact made in the Reporting Form are true.

SWORN before me at _____)
in the Province of _____)
this _____ day of _____)
20_____.) _____
)
)
)
_____)

A Commission for Oaths in and for the
Province of Saskatchewan.
My commission expires _____.